



# Training Course Approval Form

Department of Law, Criminal Justice Section  
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☐ New Course ☐ Renewal of Expired Approved Course – Course ID Number \_\_\_\_\_

Course Title: \_\_\_\_\_

Total Number of Hours: \_\_\_\_\_

Course Date(s) & Time(s): \_\_\_\_\_

Course Description (required, "see attached" will not be accepted) :

***\*Three-level course outline must be attached***

Instructor Name(s): \_\_\_\_\_

***\*Attach a resume of each instructor listed***

Prerequisite Knowledge/Skills/Coursework required (if applicable):

*Information provided below will be used to update the POST training calendar on our website.*

Host Agency: \_\_\_\_\_

Host Agency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from Host Agency): \_\_\_\_\_

Email: \_\_\_\_\_ Website\*\*: \_\_\_\_\_

*A current safety plan and liability insurance must be in place prior to conducting any training.*

***\*All required materials must be submitted at the same time to be considered for approval. Incomplete submissions will not be reviewed.***

Electronic submission of this document via a recognized agency-sponsored email account, or by an account of the person submitting the document, satisfies the legal requirements relative to an official signature. There is no need to submit this document in any other format, including a paper document bearing a written signature.

## POST USE ONLY

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Course Number: \_\_\_\_\_ Email Sent: \_\_\_\_\_ Added to Calendar: \_\_\_\_\_